

BK 0457 PG 0357

Prepared by and Return to:  
N. MS Title, Inc.  
Hugh H. Armistead, Attorney  
P.O. Box 609  
Olive Branch, MS 38654  
662-895-4844

STATE MS.-DE SOTO CO. *BC*  
Nov 4 2 30 PM '03

BK 457 PG 357  
W.E. DAVIS CH. CLK.

**MARGARET S. NICHOLS, ET AL,**

**GRANTORS,**

**TO**

**WARRANTY DEED**

**RICHARD DALE STAGGS, ET UX,**

**GRANTEES**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, We, **MARGARET S. NICHOLS, WILLIAM A. NICHOLS, JR. and MARGARET ANN NICHOLS DYE**, do hereby sell, convey and warrant unto **RICHARD DALE STAGGS and wife, HEATHER DIANE NICHOLS STAGGS**, as tenants by the entirety with full rights of survivorship, and not as tenants in common, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

**Lot 1 of the Subdivision of the Nichols 4.31 acre tract situated in the Northwest Quarter of Section 13, Township 2 South, Range 6 West, DeSoto County, Mississippi, and being more particularly described by metes and bounds and survey attached hereto.**

The warranty in this Deed is subject to subdivision and zoning regulations in effect in DeSoto County, Mississippi; to rights of ways and easements for public roads and public utilities shown or not shown on the public records; to the restrictive covenants of said subdivision; and to any prior conveyance or reservation of minerals of every kind and character, including, but not limited to oil, gas, sand and gravel in, on and under subject property.

By way of explanation, Grantors herein are the sole heirs at law of William A. Nichols, Sr., deceased, who departed this life on the 26<sup>th</sup> day of July, 1997, a copy of his death certificate being attached hereto.

Taxes for the year 2003 are to be paid by the Grantors, and possession is to take place upon delivery of this deed.

WITNESS OUR SIGNATURES, this the 30th day of September, 2003.

Margaret S. Nichols  
MARGARET S. NICHOLS

William A. Nichols, Jr.  
WILLIAM A. NICHOLS, JR.

Margaret Ann Nichols Dye  
MARGARET ANN NICHOLS DYE

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 30th day of September, 2003, within my jurisdiction, the within named MARGARET S. NICHOLS, who acknowledged that she executed the above and foregoing instrument.

[Signature]  
NOTARY PUBLIC

My Commission Expires: 10/24/03

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 30th day of September, 2003, within my jurisdiction, the within named WILLIAM A. NICHOLS, JR., who acknowledged that he executed the above and foregoing instrument.

[Signature]  
NOTARY PUBLIC

My Commission Expires: 10/24/03

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 30th day of September, 2003, within my jurisdiction, the within named MARGARET ANN NICHOLS DYE, who acknowledged that she executed the above and foregoing instrument.

[Signature]  
NOTARY PUBLIC

My Commission Expires: 10/24/03

Grantors' Address: 3724 Bethel Road, Olive Branch, MS 38654  
Home No. (662) 895-5457; Business No. Same

Grantees' Address: 3724 Bethel Road, Olive Branch, MS 38654  
Home No. (662) 895 5457; Business No. ( ) Same

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

NAME OF DECEASED:  
For use by physician or institution

SEE INSTRUCTIONS  
ON OTHER SIDE

CAUSE OF  
DEATH

1. DECEDENT'S NAME (First, Middle, Last) <b>William Arthur Nichols, Sr.</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>July 26, 1997</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>410-32-4091</b>		5a. AGE - LAST BIRTHDAY (Years) <b>67</b>		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) <b>Dec. 20, 1929</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Hickory Flat, MS</b>		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9a. FACILITY NAME (If not institution, give street and number) <b>St. Francis Hospital</b>		9b. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>		9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Margaret Sandridge</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Electrician</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Electrical</b>	
13a. RESIDENCE—STATE <b>Mississippi</b>		13b. COUNTY <b>DeSoto</b>		13c. CITY, TOWN OR LOCATION <b>Olive Branch</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>3724 Bethel Rd.</b>	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>38654</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12th</b>		17. FATHER'S NAME (First, Middle, Last) <b>Dutch Frank Nichols</b>					
18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lettie Vea Kate Fields</b>		19a. INFORMANT'S NAME (Type/Print) <b>Margaret Nichols</b>					
19b. RELATIONSHIP TO DECEASED <b>wife</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3724 Bethel Rd. Olive Branch, MS 38654</b>					
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Bethel Cemetery</b>		20c. LOCATION—City or Town, State <b>Olive Branch, MS</b>		21a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	
21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS387</b>		21c. SIGNATURE OF EMBALMER <i>[Signature]</i>		21d. LICENSE NUMBER OF EMBALMER <b>FS0617</b>		22a. NAME AND ADDRESS OF FUNERAL HOME <b>Brantley Funeral Home P.O. Box 428 Olive Branch, MS 38654</b>	
22b. LICENSE NUMBER OF FUNERAL HOME <b>FE117</b>		23. REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>Deputy</b>					
24. DATE FILED (Month, Day, Year) <b>AUG 06 1997</b>		25a. PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>					
25b. LICENSE NUMBER <b>99657N</b>		25c. DATE SIGNED (Month, Day, Year) <b>7-31-97</b>		26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER			
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Mohan Gehi, 6005 Park Ave., Suite 722-B, Memphis, TN 38119</b>			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Thoracic aortic aneurysm</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Coronary Artery Disease</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Metastatic Prostatic Cancer</b> DUE TO (OR AS A CONSEQUENCE OF): d.  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		Approximate Interval Between Onset and Death		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

LEGAL DESCRIPTION  
LOT 1

A PARCEL OF LAND BEING PART OF THE NORTHWEST QUARTER OF SECTION 13, TOWNSHIP 2 SOUTH, RANGE 6 WEST, DESOTO COUNTY, MISSISSIPPI AND BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS, TO-WIT:

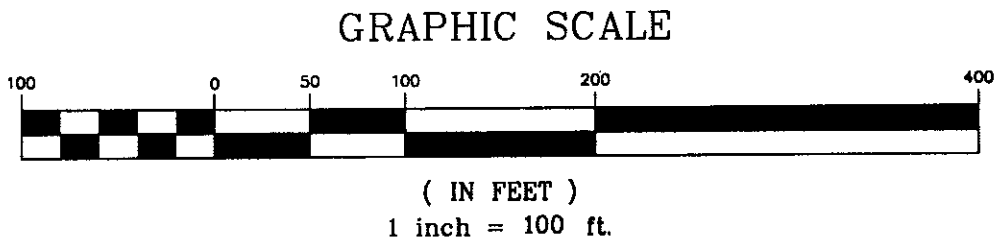
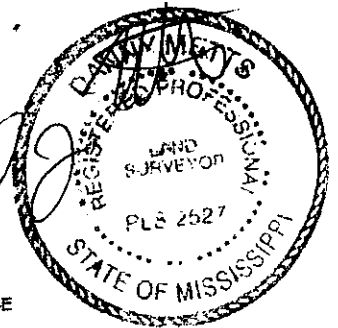
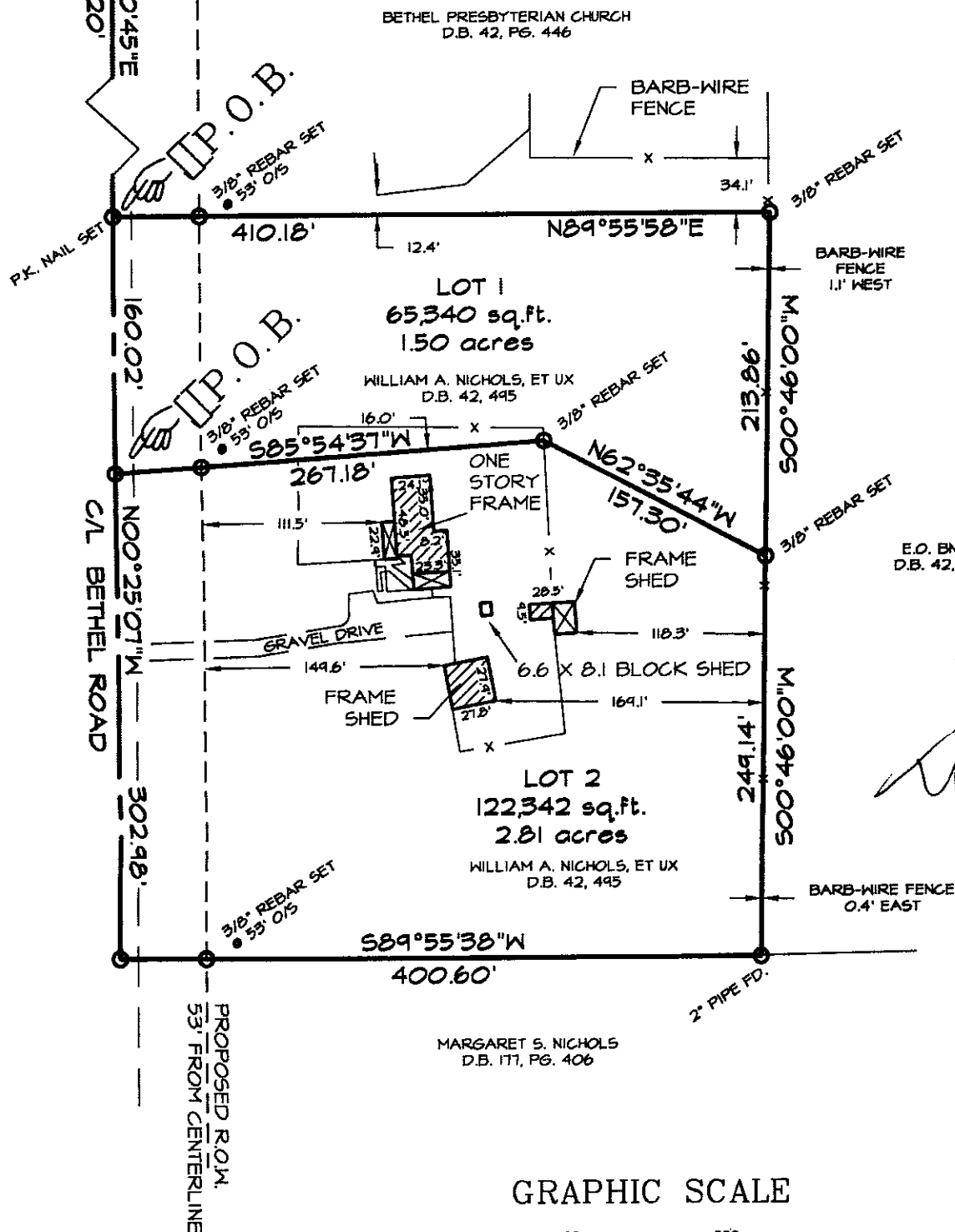
COMMENCING AT A P.K. NAIL FOUND AT THE NORTHWEST CORNER OF SECTION 13, TOWNSHIP 2 SOUTH, RANGE 6 WEST; THENCE SOUTH 00 DEGREES 00 MINUTES 45 SECONDS EAST, A DISTANCE OF 1,213.20 FEET TO A P.K. NAIL SET IN THE CENTERLINE OF BETHEL ROAD AT THE POINT OF BEGINNING FOR THE FOLLOWING TRACT;

THENCE NORTH 89 DEGREES 55 MINUTES 58 SECONDS EAST, A DISTANCE OF 410.18 FEET TO A 3/8" REBAR SET; THENCE SOUTH 00 DEGREES 46 MINUTES 00 SECONDS WEST, A DISTANCE OF 213.86 FEET TO A 3/8" REBAR SET; THENCE NORTH 62 DEGREES 35 MINUTES 44 SECONDS WEST, A DISTANCE OF 157.30 FEET TO A 3/8" REBAR SET; THENCE SOUTH 85 DEGREES 54 MINUTES 37 SECONDS WEST, A DISTANCE OF 267.18 FEET TO A POINT IN THE CENTERLINE OF BETHEL ROAD; THENCE NORTH 00 DEGREES 25 MINUTES 07 SECONDS WEST ALONG THE CENTERLINE OF BETHEL ROAD, A DISTANCE OF 160.02 FEET TO THE POINT OF BEGINNING AND CONTAINING 1.50 ACRES, SUBJECT TO EXISTING EASEMENTS, RIGHT-OF-WAY FOR BETHEL ROAD, SUBDIVISION AND ZONING REGULATIONS IN EFFECT IN DESOTO COUNTY, MISSISSIPPI.

P.K. NAIL FOUND  
AT THE NW CORNER  
OF S-13, T-2-S, R-6-W

ZONING: AR  
TOTAL AREA INCLUDING R.O.W.  
187,682 sq.ft.  
4.31 acres

THIS PROPERTY IS NOT  
LOCATED IN A SPECIAL  
FLOOD HAZARD AREA PER  
FEMA MAP #  
28033C0075 E  
DATED: AUGUST 23, 2000



TRUE BEARINGS BY:  
SOLAR OBSERVATION

## SUBDIVISION OF THE NICHOLS 4.31 ACRE TRACT

WILLIAM A. NICHOLS, ET UX

LOCATION: NW 1/4 OF: S-13, T-2-S, R-6-W, DESOTO COUNTY, MS.

**METTS**  
**SURVEYING**

4425 BETHEL RD.  
OLIVE BRANCH, MS. 38654  
PH. 662-895-9020

SCALE 1" = 100'

DATE OF SURVEY: 7/8/03

CLIENT: MARGARET NICHOLS

CLASS "B" SURVEY

SURVEY BY: D. METTS